

County: Tunica  
 Permit #: MS 6W 40246  
 Driller: Alta Drilling Tunica  
 Date drilling completed: 6-14-05

Part I  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: B-62  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information		Well Location	
Owner Name: <u>PENN OWENS</u>	Latitude: _____ Longitude: _____	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS	
Mailing Address: <u>P.O. Box 98</u>	USGS quad, Hand-held GPS, Survey-grade GPS <u>NW NE</u> <u>14 14</u> Sec. <u>33</u> Twp. <u>3S</u> Rng. <u>10W</u>		
<u>Robinsonville MS 38664</u> City State Zip Code	Distance: _____ Miles	Direction: <u>N</u>	Nearest Town: <u>Pritchard MS</u>
Telephone No. <u>(662) 363-1227</u>	Well Data		
Purpose of Well (circle one) Home Industrial Public Supply <u>Irrigation</u> Fish Culture Other: _____			
Date well drilling started: <u>6-14-05</u> Date well drilling completed: <u>6-14-05</u>			
If flowing, method of flow regulation: Valve _____ Other (describe) _____			
Static Water Level: <u>20</u> feet above or below (circle one) land surface Date measured: <u>6-15-05</u>			
Method of Measurements (circle one) <u>Steel tape</u> electric tape air line other: _____			
Hole depth: <u>100</u> Well depth: <u>99</u> Well grouted to a depth of <u>10</u> feet			
Type of grout (circle one): Cement <u>Reynolds</u> Mix			
Casing length: <u>60</u> feet Casing diameter: <u>16</u> inches Type of casing: <u>PVC</u>			
Screens length: <u>40</u> feet Screen diameter: <u>16</u> inches Type of screen: <u>PVC</u>			
Screen slot size: <u>.0050</u> inches Setting depth: From <u>60</u> feet to <u>100</u> feet			
Type of completion (circle all applicable): <u>Gravel packed</u> Underreamed Telescopes Open hole Natural Development Other (describe): _____			
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page			
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____			
Name of organization running log(s): _____			
I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.			
<u>ALAN DYLE - 0674</u>		<u>[Signature]</u>	
Print Name of Water Well Contractor and License No.		Signature of Water Well Contractor	

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# STATE WELL REPORT

## Part 2

Pump Installer's Completion Report  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: \_\_\_\_\_  
Permit #: MS 6W 40246  
Driller: \_\_\_\_\_  
Date completed: \_\_\_\_\_

For Office Use Only:

Aquifer: \_\_\_\_\_  
Well #: B-62  
Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>C.P. OWENS</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. Box 99</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
<u>Robinsville MS 38864</u>	<u>NW 1/4 NE 1/4 Sec 33 Twn 35 Rng 10N</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. <u>(662) 363 1227</u>	<u>6 Miles N of PRITCHARD MS</u>

Pump Type Circle one	Power Type Circle one
Air Lift      Jet      Submersible	Diesel Engine      Gasoline Engine      Natural Gas
Bucket      Piston <u>Turbine</u>	<u>Electric Motor</u> Hand      Tractor PTO
Centrifugal      Rotary      Flowing Well	Windmill      Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>50</u>
Date Pump Installed: <u>6-15-05</u>	Setting Depth: <u>60</u> feet
Rated Pump Capacity: <u>2500</u> Gallons Per Minute	Number of Stages: <u>2</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line      Electric Measuring Line <u>Steel Tape</u>
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): <u>20</u> Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

ALAN PYLE      \_\_\_\_\_  
Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer

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